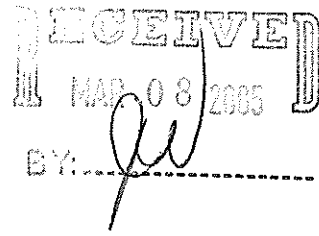




State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
PO Box 080
TRENTON, NJ 08625-0080



RICHARD J. CODEY
Acting Governor

PETER C. HARVEY
Attorney General
MARKUS GREEN
Chief of Staff

February 25, 2005

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Peggy Sims
Election Research Specialist
State HAVA Funding Reports
U.S. Election Assistance Commission
1225 New York Avenue, NW - Suite 1100
Washington, DC 20005

Dear Ms. Sims:

Attached please find a detailed list of expenditures for HAVA section 101(b) and 102(a)(2). All funds expended from sections 101 and 102 comply with the HAVA requirements set forth in the Help America Vote Act of 2002 as well as New Jersey's State Plan.

During the period from January 1, 2004 through December 31, 2004, New Jersey expended \$220,880.00 of section 101(b) funding to assist in the startup costs for the creation of a statewide voter registration system. The State hired a consultant to help in the creation of a Request for Proposal document and to assist the State in the selection of a vendor for the statewide voter registration system.

During the period from January 1, 2004 through December 31, 2004, New Jersey expended \$2,002,030.52 of section 102(a)(2) funding for the reimbursement of counties that purchased HAVA compliant voting systems. Mercer County was reimbursed for that purchase of 600 Sequoia AVC Advantage voting machines as well as an Op-scan absentee system and the audio component for voters with disabilities.



#80805.740

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If you have any questions regarding this report, please contact Bryan Rusciano, HAVA Project Manager, by e-mail at bryan.rusciano@lps.state.nj.us or by phone at 609-292-9302.

Sincerely,



Markus Green
Chief of Staff

c: Attorney General Peter C. Harvey
First Assistant Attorney General Mariellen Dugan
William C. Brown, Counsel to the Attorney General
Peter C. Wint, Deputy Chief of Staff
Senior Deputy Attorney General Donna Kelly
Bryan Rusciano, HAVA Project Manager

FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

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1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration		2. Federal Grant or Other Identifying Number Assigned By Federal Agency FY03 HAVA Section 101 Funding		OMB Approval No. 0348-0039	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) New Jersey Department of Law & Public Safety, P.O. Box 081 Trenton, New Jersey 08625					
4. Employer Identification Number 216006929		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/16/2003		To: (Month, Day, Year) 12/31/2006		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2004 To: (Month, Day, Year) 12/31/2004	
10. Transactions:		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays		91,168.17		129,711.83	
b. Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		91,168.17		129,711.83	
e. Third party (in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match this award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f or g				0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00		0.00	
j. Federal share of net outlays (line d less line i)		91,168.17		129,711.83	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				220,880.00	
o. Total Federal funds authorized for this funding period				8,141,208.00	
p. Unobligated balance of Federal funds (Line o minus line n)				7,920,328.00	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed			
		b. Rate	c. Base	d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title STEVEN C. TALPAS GRANTS Coordinator				Telephone (Area code, number and extension) 609 964 0634	
Signature of Authorized Certifying Official				Date Report Submitted February 1, 2005	

System

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